

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532177					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Phoenix Houses of the Mid-Atlantic, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/10/2013</p> <p>SCC ID NO: 01012863</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 521 N. QUINCY STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOWARD P MEITINER TITLE: PRESIDENT ADDRESS: 164 W 74TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10023 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HOWARD P MEITINER TITLE: PRESIDENT ADDRESS: 164 W 74TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10023	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KEVIN APPEL TITLE: DIRECTOR ADDRESS: 5600 7TH STREET CITY/ST/ZIP/CO: SOUTH ARLINGTON, VA 22204	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	LANE BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2200 CLARENDON BLVD., SUITE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	SUZIE BUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4524 N 35TH ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	ARTHUR B CULVAHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	O'MELVENY & MYERS LLP		
CITY/ST/ZIP/CO:	1625 EYE STREET., N.W. WASHINGTON, DC 20006		
NAME:	BETSY FRANTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2009 N 14TH STREET		
CITY/ST/ZIP/CO:	SUITE 111 ARLINGTON, VA 22201		
NAME:	MARK HAWKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9912 STOUGHTON ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032-1017		
NAME:	PATRICK HOPE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	512 N PARK DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	WILLIAM HOWLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1421 HOLLY STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20012		
NAME:	TRACY HITT MILLAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 BASIL ROAD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	EDD NOLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5113 N 33RD ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	ROBIN NORMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	8317 STONEWALL DR		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	MICHELLE NUNEVILLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6622 PATENT PARISH LAND		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT SCHIAVONE DIRECTOR 6849 OLD DOMINION DRIVE #400 MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT VOORHEES DIRECTOR 805 15TH., NW SUITE 700 WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DEBORAH SIMPSON TAYLOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH SIMPSON TAYLOR, SVP/REG DIR&SEC PRINTED NAME AND CORPORATE TITLE	7/10/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			